

Case Number:	CM15-0122797		
Date Assigned:	07/07/2015	Date of Injury:	10/27/2004
Decision Date:	07/31/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/25/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 47-year-old male who sustained an industrial injury on 10/27/04. Diagnoses are radiculopathy thoracic or lumbosacral, failed back surgery syndrome lumbar, degenerative disc disease lumbar -chronic, and sacroilitis, depression-chronic, and chronic pain due to trauma. In a progress report dated 2/18/15, the treating physician notes pain without medications is rated at 10/10 and pain with medications is rated at 7/10. Pain intensity is rated at 7/10 and interferes with activities of daily living as a 7/10. With medications, he reports he is able to do simple chores around the house and minimal activities outside of the house 2 days a week. Without medications, he is able to get out of bed but does not get dressed and stays home all day. He states he did not benefit from physical therapy. In a progress report dated 12/18/14, the treating physician notes the injured worker states that he has his usual chronic pain with fluctuations up and down. A review of systems notes abdominal pain/constipation, extremity weakness and numbness, depression, insomnia, back pain, joint pain, and muscle weakness. Physical exam notes tenderness at the parspinal facet, spinous, gluteals, and piriformis. Straight leg raise on the right, radiates right and on the left is negative. Range of motion of the lumbar spine is restricted on extension. Previous treatments noted are Lyrica, Flector patch, Icy hot cream, Thermacare heat wraps , Norco, physical therapy, sacroiliac joint brace, MRI-lumbar spine 7/20/14, and caudal epidural steroid injection -6/11/14 which was reported a not helpful. Work status is noted as permanent and stationary. The requested treatment is Lidocaine ointment 5% (4 day supply) quantity 35. 55 with 0 refills (3 hour turnaround time, first fill).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lidocaine ointment 5% (4 day supply) Qty 35. 44 with 0 refills - (3 hr Turn around time, first fill): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Pages 111- 113.

Decision rationale: Chronic symptoms and clinical findings remain unchanged with medication treatment for injury of 2004. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The Lidocaine ointment 5% (4 day supply) Qty 35. 44 with 0 refills (3 hr Turnaround time, first fill) is not medically necessary and appropriate.